

APPLICANT(S)

(FOR USE WITH FORM PTO-875)

CLAIMS

* 43 filed		* A		* B	
IND.	DEP.	IND.	DEP.	IND.	DEP.
51			3		1
52			3		1
53			3		1
54				1	
55				1	
56					1
57					1
58					1
59					1
60					1
61					1
62					1
63					
64					
65					
66					
67					
68					
69					
70					
71					
72					
73					
74					
75					
76					
77					
78					
79	1				
80					
81					
82					
83					
84					
85					
86					
87					
88					
89					
90					
91					
92					
93					
94					
95					
96					
97					
98					
99					
100					
TOTAL IND.	0		0		2
TOTAL DEP.	3		9		10
TOTAL CLAIMS					

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE
							APPLICANT(S)	
CLAIMS								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1	1							
2	1							
3		2						
4		2						
5		2						
6		2						
7		2						
8		2						
9		2						
10		2						
11	mmmm							
12		2						
13	1							
14		2						
15		2						
16		2						
17		2						
18		2						
19		2						
20		2						
21		2						
22		2						
23		2						
24		2						
25		1						
26	1							
27	1							
28		2						
29		2						
30		2						
31		2						
32		2						
33		2						
34		1						
35		1						
36		1						
37		2						
38		2						
39		2						
40		2						
41		2						
42		1						
43		1						
44		2						
45		2						
46		1						
47		3						
48		3						
49		3						
50		3						
TOTAL IND.	512							
TOTAL DEP.	84 + 10							
TOTAL CLAIMS								
51		1						
52		1						
53		1						
54	1							
55	1							
56		1						
57		1						
58		1						
59		1						
60		1						
61		1						
62		1						
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95								
96								
97								
98								
99								
100								
TOTAL IND.	2							
TOTAL DEP.	16							
TOTAL CLAIMS								